

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/673275**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20	/						70						
21		/					71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34	/		/				84						
35	/		/				85						
36		/	/				86						
37		/	/				87						
38	/		/				88						
39		/	/				89						
40		/	/				90						
41		/	/				91						
42	/		/				92						
43		/	/				93						
44		/	/				94						
45	/		/				95						
46		/	/				96						
47		/	/				97						
48	/		/				98						
49		/	/				99						
50	/		/				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	6	←		←
TOTAL CLAIMS							TOTAL CLAIMS			12			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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